

CONFIRMATION OF ADVICE

Statement of Adoption Agency:

On _____ I met with _____ and gave him/her the advice required by California Civil Code Section 224.50. He/She was not a hospital patient at the time advice was given. Included in this advice was an explanation of each of the items on the following Statement of Understanding:

- ☐ Parent who gave physical custody of the child to the adoptive parents (AD 887).
- ☐ Parent who did not give physical custody of the child to the adoptive parents (AD 887A).
- ☐ Alleged Natural Father (AD 887B).
- ☐ Parent who gave physical custody of the Indian child to the adoptive parents (AD 900).
- ☐ Parent who did not give physical custody of the Indian child to the adoptive parents (AD 900A).
- ☐ Alleged Natural Father of Indian child (AD 900B).

☐ _____ requested counseling as provided by Civil Code Section 224.50 on _____.

☐ _____ was offered, but did not accept counseling.

SIGNATURE OF PERSON PROVIDING ADVICE

PRINTED NAME

AGENCY NAME

ADDRESS

TELEPHONE

I HAVE BEEN ADVISED AS REPORTED ABOVE.

SIGNATURE OF PERSON ADVISED

PRINTED NAME

ADDRESS

TELEPHONE

Statement of Counselor:

I have counseled _____ regarding his/her decision to place his/her child for adoption.

The first session was held on _____.

SIGNATURE OF PERSON PROVIDING COUNSELING

PRINTED NAME

AGENCY NAME OR LICENSE TYPE AND NUMBER

ADDRESS

TELEPHONE

I HAVE BEEN COUNSELED AS REPORTED ABOVE.

SIGNATURE OF PERSON COUNSELED

PRINTED NAME

ADDRESS

TELEPHONE

Supporting Information:

The Child:

Name (If born): _____

Date (or expected date) of birth: ____/____/____ Date of placement: ____/____/____

Attachments:

- ☐ background information on birth mother.
- ☐ background information on birth father
- ☐ statement on identity of birth father.
- ☐ copy of summary of assessment of potential adoptive family given to person advised.